

APPLICATION TO THE HISTORIC COMMISSION
Janesville, Wisconsin

CERTIFICATE OF APPROPRIATENESS

An application is hereby made for issuance of a Certificate of Appropriateness under City of Janesville Zoning Ordinance for proposed work as described below and on plans, drawings and photographs accompanying this application. This application provides information supplemental to the building permit application form and applies to only properties within a designated historic overlay district.

CERTIFICATE NO. _____ PARCEL NO. _____

OWNER OF RECORD: _____ DATE: _____

HOME ADDRESS: _____ ZIP _____ TEL. NO.: _____

ADDRESS OF PROPOSED WORK: _____

NAME/ADDRESS OF APPLICANT: _____ ZIP _____ TEL. NO.:

(If different from above)

Attachments:

- Eight full size copies of the plan(s) (to scale);
- Recent photo(s) showing the entire building and others showing detail of area(s) proposed to be changed;
- Historic photo(s) of the building, if available;
- Photo(s) of building details similar to that contemplated of other buildings may be submitted, if available.

Building Status:

(Office Use) Contributing _____ Noncontributing _____

General Description of work to be completed: _____

Detail(s) of Proposed Work. Fill in if applicable:

1. Building Setbacks: Front: _____ Rear: _____ Side Left of Front _____ Side Right of Front _____ Corner _____
2. Foundation: Height Exposed _____ Con.Blk. _____ Stone _____ Brick _____ Concrete _____ Other _____
3. Chimney: Brick _____ Stone _____ Wood _____ Other _____.
4. Garage Doors: Wood _____ Metal _____ Fiber Glass _____.
5. Skylight: Type _____ Size _____.
6. Roof Pitch: _____ Dormer Pitch _____ Other _____.
7. Roofing Material: Asphalt _____ Wood _____ Tile _____ Other _____.
8. Exterior Wall Material(s): Wood siding: (width) _____ Alum./Vinyl Siding: (width) _____ Brick _____ Stone _____ Shingles _____ Other _____.
9. Gutter Material _____ Size _____.
10. Window Style (size) Double hung _____ Casement _____ Awning _____ Other _____.
11. Door Type: Front _____ Other _____ Material _____.
12. Storm Door Type: Front _____ Other _____ Material _____ Style _____.
13. Installation of Sign: Type _____ Size _____ Material _____ Location on Property _____.

THIS APPLICATION IS VALID FOR 12 MONTHS FROM DATE OF ISSUANCE. IT MAY BE RENEWED. NO STRUCTURE MAY DIFFER FROM THE APPROVED APPLICATION AND PLANS.

APPROVED _____ DISAPPROVED _____
DATE _____
(Historic Commission Chairman)

COMMENTS OR CONDITIONS:

